ClaimWatch Order Form



To ClaimWatch® Limited 38 Holland Road Hove East Sussex BN3 1JL. Please supply your ClaimWatch Service ("the Service") to us subject to the your Terms and Conditions applicable at the date of order (set out on your website: www.claimwatch.co.uk) for:

1.	Client Name:		Postcode:							
	Bodyshop Name:		Telephone:							
	•	;) 	email:							
	Address:		Management system	n:						
	County:									
	on the following terms	:								
	Start Date: (i.e. the date work starts on setting up the Service) 14 days after the date of this Order									
	Term: 1 year from the date the Service is "set up" ("the Commencement Date") then continuing.									
	The Prices for the Set 1. Set Up fee:	ervice: (for each Body Shop) are: £150.00 + VAT								
	2. Service Fee:	£125.00 plus VAT per month payable monthly in advance by Direct Debit from the Commencement Date								
	3. SMS Texts:	IS Texts: 10p plus VAT each (supplied in batches of 1000) payable in advance								
	Login: to be provide	d to:		(name & job title please)						
2.	We enclose your D	Pirect Debit Form completed and sign	ned. ·····	✓						
	We will pay the foll	•	0400 00							
	•	+ £30 VAT (@ 20%) ce Fee. £125 + £25 VAT (@20%)	£180.00 £150.00							
		ss. £100 + £20 VAT (@20%)	£120.00							
			£450.00 ······	······································						
	By cheque payable to ClaimWatch LTD or by BACS to - Sort code: 53-61-02 Acc: 60010444									
	We have complete	ed the sections coloured yellow and	ticked the appropriate b	oves and submit our Order						
		ed the sections coloured yellow and		oxes and submit our order						
	Name:		Job Title:							
	Signed		Date:							
	-									





Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:	_									
ClaimWatch Limited 38 Holland Road Hove East Sussex BN3 1JL	Servio	ce User N	lumber	(SUN)			•			
	6	9	8	6	5	3				
Name(s) of Account Holder(s)		ence					4			
Bank/Building Society account number Branch Sort Code	Please detaile Direct with C	ction to ye pay CLA d in this I Debit Gu LAIMWA onically to	AIMWAT Instructio arantee. TCH LIM	CH LIMI on subject I under IITED an	TED Direct to the stand that	ect Debits safeguare at this Ins details w	ds assu truction	red by n may	the	
Name and full postal address of your Bank or Building Society To: The Manager Bank/Building Society	У									
Address	Signat	ure(s)								
Postcode	Date									

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI2

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit CLAIMWATCH LIMITED will notify you 14 Working days in advance of your account being debited or as otherwise agreed. If you request CLAIMWATCH LIMITED to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by CLAIMWATCH LIMITED or your bank or building society, you are
 entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when CLAIMWATCH LIMITED asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.